

FILED JUL 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22579**

BIRTH NO. _____ **REG. DIST. NO.** 101 **PRIMARY REG. DIST. NO.** 5399 **Registrar's No.** 38

1. PLACE OF DEATH
a. COUNTY Douglas

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Douglas

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava, R. Campbell c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN Ava d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____
STREET ADDRESS (If rural, give location) _____ 0340

3. NAME OF DECEASED (Type or Print)
a. (First) Martha b. (Middle) Jane c. (Last) LOW

4. DATE OF DEATH (Month) (Day) (Year)
7 11 54

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED** WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 1 4 82 **9. AGE** (In years last birthday) 72 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Mtn. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife **10b. KIND OF BUSINESS OR INDUSTRY** Own home

11. BIRTHPLACE (City and State or Foreign Country) Greene County, Kentucky **12. CITIZEN OF WHAT COUNTRY?** USA

13a. FATHER'S NAME Wm. Robert Greene **13b. MOTHER'S MAIDEN NAME** Pauline Jane Durham **14. NAME OF HUSBAND OR WIFE** A.A. Low

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No **16. SOCIAL SECURITY NO.** None **17. INFORMANT'S SIGNATURE OR NAME** Mrs. Orvil Spurr Pock **ADDRESS** Ava, Missouri

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO 4001

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)** _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED WHILE AT WORK** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from 7-1, 1954 to 7-9, 1954 that I last saw the deceased alive on 7-9, 1954 and that death occurred at 4:15 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. J. Gentry M.D. **23b. ADDRESS** Ava Mo **23c. DATE SIGNED** 7-14-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 7-13-54 **24c. NAME OF CEMETERY OR CREMATORY** Fannon **24d. LOCATION** (City, town, or county) (State) Ava, Missouri

DATE REC'D BY LOCAL REG. 7-26-54 **REGISTRAR'S SIGNATURE** Vestal Bushman **5. FUNERAL DIRECTOR'S SIGNATURE** Clinkingbeard Funeral Home, Ava, Mo. **ADDRESS** _____

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Lyle C. Glorioso*

Licensed Embalmer No. *4830*

P. O. Address *Avon, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.